

WEST VIRGINIA REGISTRATION STATEMENT OF CHARITABLE ORGANIZATION

- Registration Type: ☒ New ☐ Renewal ☐ Final Date 4/6/09
1. Official Name of Organization Pisgah Community Playground Association
2. Street Address 1217 Pisgah Road
3. Mailing Address P.O. Box 1400 Princeton, WV 24740
4. Phone 304-487-1623 Fax _____ Email _____
5. Principal West Virginia address _____
if different from above
6. Designated contact person DAVID BROWN Phone: 304-487-1623
-
7. Purpose of the organization: To Build A Playground for the Children in the Community
8. Name, address and responsible person of each chapter, branch or affiliate in the State, if any: N/A
-
9. Are the above chapters, branches or affiliates included in parent organization's registration? Check one: Yes ☒ No ☐
10. List all names under which applicant intends to solicit if different from official name, if any: N/A
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11. State the purposes for which the contributions to be solicited will be used: To purchase Playground Equipment
12. Place and date the organization was legally established: Princeton, WV. 4/13/09
13. The form of the organization (check or complete as applicable) ☐ Corporation ☐ Foundation ☒ Unincorporated Association ☐ Trust ☐ Other _____
- 14a. Has the organization been determined to be tax-exempt by the Internal Revenue Service? ☒ Yes Type of IRS classification: 501(c) 3 ☐ No

- 14b. Has this exemption been denied, revoked or modified at any time? ☐ Yes If yes, attach copy of letter of decision.
☒ No

14c. Please check one or more methods of solicitation the organization anticipates using:

- ☐ Telephone Appeals ☐ Door to Door Solicitation ☐ Other _____
☒ Grant Writing ☐ Combined Appeals
☐ Direct mail ☐ Auction
☐ Special Events ☐ Bingo/Raffle

15. Names and addresses of all officers, directors, trustees and the principal salaried executive staff. [All charitable organizations must appoint an independent governing board to oversee expenditures, policies, progress and purposes.]

David Brown P.O. Box 1400 Princeton, WV
George Sink P.O. Box 1400 Princeton, WV

Sherald Pender P.O. Box 1400, Princeton, WV.
Theona Waddell P.O. Box 1400, Princeton, WV.
Nathan Waddell P.O. Box 1400, Princeton, WV.

16. Name and address of professional fund-raising counsel and/or solicitor used for fund-raising activities in West Virginia.

N/A

- a. Are current contracts with professional fund-raising counsel and solicitors on file with the Office of the Secretary of State as required by West Virginia law? ☐ Yes ☒ No
- b. Has the professional fund-raising counsel or professional solicitor registered and filed a bond with the Office of the Secretary of State as required by West Virginia Law? ☐ Yes ☒ No
- c. Give the location of any telephone facilities to be used in solicitation:
- | | |
|------------|------------------|
| (Room No.) | (Street Address) |
| (City) | (State) (Zip) |
- d. Give the location and address of any mailing facility to be used in the solicitation of funds:
- | |
|---------------------------------|
| (Street Address and Box Number) |
| (City) (State) (Zip) |

17. Is the organization authorized to solicit by any other state?

☐ Yes

☒ No

If yes, please list four other states:

1. _____
2. _____
3. _____
4. _____

18. Has the organization ever been enjoined by any court, or otherwise prevented by any governmental body, from soliciting contributions in any state? (If yes, explain in detail on separate sheet)

☐ Yes

☒ No

19. Give names and addresses for the chief person responsible for the following duties:

a. Custodian of financial records:

DAVID BROWN PO Box 1400 Princeton, WV

MARSHA BOOZER PO Box 1400 Princeton, WV

b. Custodian of contributions:

DAVID BROWN PO Box 1400 Princeton, WV.

MARSHA BOOZER PO Box 1400 Princeton, WV

c. Person(s) making final distribution:

DAVID BROWN PO Box 1400, Princeton, WV.

SCOTT MAY BERRY PO Box 1400, Princeton, WV

20. Amount proposed to be raised in West Virginia (estimate):

\$ 63,000

21. Actual amount of funds raised in West Virginia last fiscal year

\$ 0

22. Amount disbursed for program services in West Virginia during the period covered by this report: (Please estimate – if left blank, a \$0 will be entered)

\$ 0

23. Amount disbursed for program services outside West Virginia during the same period:

\$ 0

24. The license number of the raffle, bingo or other state permit used for fund-raising if any:

N/A

25.

Computation of Fund-Raising Percentage

$$\frac{\$ \text{Fund-Raising Expenses}}{\$ \text{Income Derived From Fund-Raising}} = \text{Percentage} \%$$

26. How much did organization receive from government grants or private foundations during last year?

\$ _____

CERTIFICATION

We the undersigned, being duly authorized to act on behalf of the applicant, do hereby certify that the information furnished in this registration is true and correct to the best of our knowledge, information and belief.

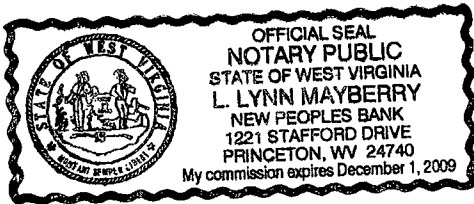
Authorized Officer:

Date 5-11-09 Signature David Brown Title Trustee

Type or Print Name of Applicant: DAVID BROWN

State of WV, County of MERCER

Subscribed and sworn before me this 11th day of May, 2009



L. Lynn Mayberry
Notary Public

My commission expires 12-01-09

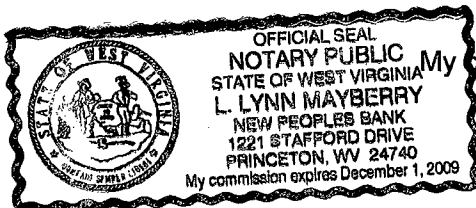
Chief Fiscal Officer:

Date 05-19-09 Signature Marsha J. Boozer Title Treasurer

Type or Print Name of Applicant: Marsha J. Boozer

State of WV, County of MERCER

Subscribed and sworn before me this 19th day of May, 2009



L. Lynn Mayberry
Notary Public

My commission expires 12-01-09